

**FINAL DRAFT**  
**SURVEY OF UPSTATE NEW YORK AIR CARGO BUSINESS NEEDS**

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Please complete this page. Your responses will be used as input to Transportation Improvement Programs (TIPs), airport Capital Improvement Programs (CIPs), NYS DOT project programming, and for legislative and regulatory recommendations.

This survey is conducted through the Continuous Airport System Planning Program (CASPP), administered by the New York State Department of Transportation, with the participation of the Regional Planning Councils.

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1. Please list suggestions for improvements to facilities, services, or access at upstate airports. Indicate name of airport where your suggestions apply.

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2. Please list recommendations for regulatory reform, legislative action, or provisions for public services that would improve the situation for upstate air cargo business.

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3. May we contact you? A follow up may be helpful to clarify specific needs or suggestions indicated by your answers.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Location of company headquarters \_\_\_\_\_

**Thank you for participating!** Your responses will help us to determine the aviation needs of your business, and to accommodate business needs when planning for improvements to the upstate aviation system.

If this project could benefit your business, please consider completing the remainder of the survey. Confidentiality will be maintained, and data will be presented in aggregate form only.

Please return this page or complete survey to: \_\_\_\_\_

or Fax: \_\_\_\_\_

With questions related to this survey, contact: \_\_\_\_\_

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Air Cargo Businesses are invited to contribute to aviation planning in upstate New York. By completing this survey, you help us determine the aviation needs of your business. Your responses will help us to accommodate your needs when planning for improvements to the upstate aviation system.

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4. Indicate your company's primary business activity (Select 1).  
\_\_\_\_ air cargo  
\_\_\_\_ air courier  
\_\_\_\_ freight  
\_\_\_\_ trucking  
\_\_\_\_ packages  
\_\_\_\_ freight broker  
\_\_\_\_ other (please list) \_\_\_\_\_
5. Indicate the percentage of your total annual air shipment tonnage handled by:  
\_\_\_\_ % scheduled air cargo flights  
\_\_\_\_ % direct charter  
\_\_\_\_ % belly cargo on passenger service flights  
\_\_\_\_ % other \_\_\_\_\_
6. Indicate percentage of your total annual air cargo coming from  
\_\_\_\_ % JFK, LaGuardia, or Newark  
\_\_\_\_ % out of state (except Newark)  
\_\_\_\_ % Albany  
\_\_\_\_ % Buffalo  
\_\_\_\_ % Rochester  
\_\_\_\_ % Stewart  
\_\_\_\_ % Syracuse  
\_\_\_\_ % other NY airports \_\_\_\_\_
7. Indicate percentage of your total annual air cargo directed to  
\_\_\_\_ % JFK, LaGuardia, or Newark  
\_\_\_\_ % out of state (except Newark)  
\_\_\_\_ % Albany  
\_\_\_\_ % Buffalo  
\_\_\_\_ % Rochester  
\_\_\_\_ % Stewart  
\_\_\_\_ % Syracuse  
\_\_\_\_ % other NY airports \_\_\_\_\_
8. List, by percentage of total annual air cargo shipments, your connections with other modes of shipment.  
\_\_\_\_ % air  
\_\_\_\_ % trucking  
\_\_\_\_ % rail  
\_\_\_\_ % barge/ship  
\_\_\_\_ % other \_\_\_\_\_

9. What advanced tracking technology is being used by your company?  
 \_\_\_ electronic billing  
 \_\_\_ electronic tagging  
 \_\_\_ data interchange  
 \_\_\_ other \_\_\_\_\_
10. Estimated your company's net annual tonnage shipped by air.  
 \_\_\_\_\_
11. Over the past 5 years the annual tonnage shipped by air by your company has  
 \_\_\_ increased \_\_\_ remained the same \_\_\_ decreased
12. What are your expectations for air cargo activity by your company over the next 5 years?  
 \_\_\_ increase \_\_\_ remain the same \_\_\_ decrease
13. Does your company  
 \_\_\_ own aircraft  
 \_\_\_ rent or lease aircraft  
 \_\_\_ contract for air shipping services  
 \_\_\_ other \_\_\_\_\_
14. List number of aircraft you operate by type and airport where based.
- | Number | Aircraft Type | Base Airport |
|--------|---------------|--------------|
| _____  | _____         | _____        |
| _____  | _____         | _____        |
| _____  | _____         | _____        |
| _____  | _____         | _____        |
15. Primary airport used for air cargo activities  
 \_\_\_\_\_
16. Your air cargo shipping operations are located  
 \_\_\_ at the airport  
 \_\_\_ 0 to 5 miles from the airport  
 \_\_\_ 6 to 10 miles from the airport  
 \_\_\_ more than 10 miles from the airport
17. Indicate factors important to your company when considering the locating of air cargo shipping operations at an airport.  
*Show importance of the item on a scale of 1 to 5.  
 5 = very important; 1 = little importance; 0 = no importance*
- \_\_\_ aviation facilities and services  
 \_\_\_ warehouse or hanger space  
 \_\_\_ office space  
 \_\_\_ airport fees/rent  
 \_\_\_ trucking access  
 \_\_\_ security  
 \_\_\_ other \_\_\_\_\_

18. Which airport infrastructure and services do you feel need improving?  
Please indicate the airport where your suggestions apply.

	Airport
<input type="checkbox"/> runways	_____
<input type="checkbox"/> air traffic control	_____
<input type="checkbox"/> taxiways	_____
<input type="checkbox"/> ground control	_____
<input type="checkbox"/> aprons	_____
<input type="checkbox"/> maintenance	_____
<input type="checkbox"/> navigation aids	_____
<input type="checkbox"/> snow removal	_____
<input type="checkbox"/> instrument landing	_____
<input type="checkbox"/> deicing	_____
<input type="checkbox"/> runway lighting	_____
<input type="checkbox"/> other _____	_____

19. Indicate if the availability of facilities or services is a problem on or near the airport. List airport where your suggestions apply.

	Airport
<input type="checkbox"/> warehouse space	_____
<input type="checkbox"/> heated / refrigerated warehouses	_____
<input type="checkbox"/> consolidators	_____
<input type="checkbox"/> repair services / mechanic	_____
<input type="checkbox"/> truck parking	_____
<input type="checkbox"/> driver amenities	_____
<input type="checkbox"/> security	_____
<input type="checkbox"/> other _____	_____

20. Indicate where location of, or access to loading facilities is inconvenient. List airports where your suggestions apply.

	Airport
<input type="checkbox"/> aprons	_____
<input type="checkbox"/> warehouses	_____
<input type="checkbox"/> hangers	_____
<input type="checkbox"/> proximity of general aviation facilities	_____
<input type="checkbox"/> proximity to commercial passenger service	_____
<input type="checkbox"/> other _____	_____

**Thank you for completing the survey!**

Your responses will help us to accommodate business needs when planning for improvements to the upstate aviation system.

Please return completed survey to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
orFax: \_\_\_\_\_

With questions related to this survey, contact: \_\_\_\_\_